

Reporting Guidelines for the “Central Information System on Elder Abuse Cases”

1. Aims and Purposes for Data Collection

- 1.1 Collect the profile and characteristics, among others, of elder abuse in Hong Kong based on the reported elder abuse cases.
- 1.2 Provide statistical data for reference of the professionals providing services for the prevention and handling of elder abuse.

2. Submission Guidelines

- 2.1 When a case is classified as an elder abuse case, no matter whether Multi-disciplinary Case Conference has been convened or not, the data input form of the “Central Information System on Elder Abuse Cases” (the System) should be completed.
- 2.2 Each form is used for one case only. A separate form is required if more than one elderly person/ abuser is involved in the case.
- 2.3 All responsible social workers are required to submit the case information to the System by using the data input form of the “Central Information System on Elder Abuse” within one month after the case has been classified as elder abuse. Staff members concerned of other departments/ units, except with special conditions set out in this Guidelines, are required to submit the case data to the System at the earliest instance after contacting the elderly persons being abused who are not willing to receive social services.
- 2.4 Follow the best practice by explaining to the elderly person the aims and operation of the System before submission (such as briefly explaining to the elderly person that his/ her identity card number and the information related to elder abuse will be entered into the System, the information will be stored in a digital format for research purposes, the information will not be made known to other persons or organisations, and his/ her identity card/ identity document number will be deleted after a year). Under normal circumstances, his/ her consent is not required.
- 2.5 Please fill in the information as required by the data input form, or put a in the correct box to facilitate the input of data. Please be reminded to **complete all the items** for statistical compilation.
- 2.6 The definition of “elder abuse” cases as stipulated in Chapter 2 of the “Procedural Guidelines for Handling Elder Abuse Cases” is confined to “those cases involving elderly persons being abused and abusers being known

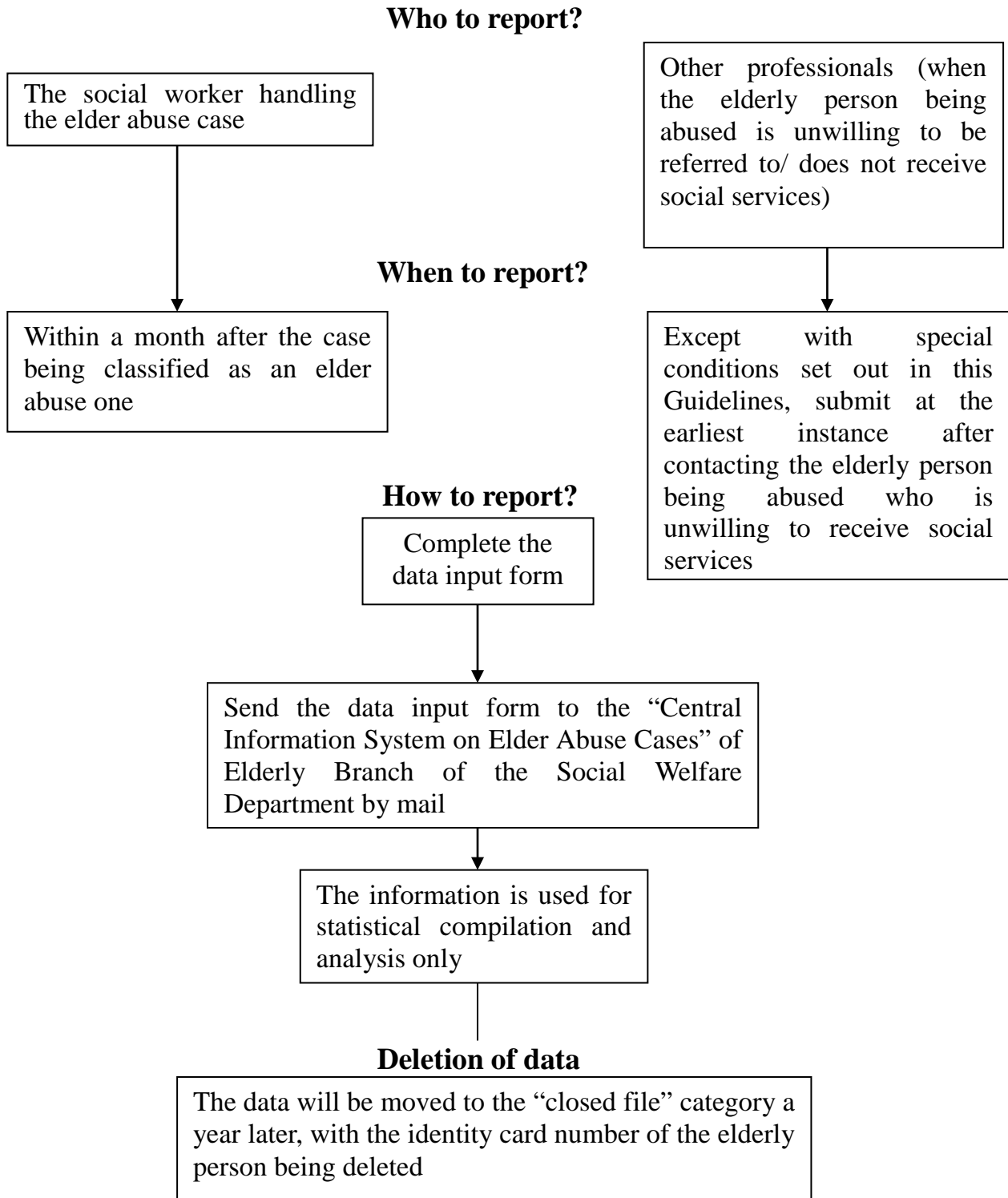
to each other or involving abusers who are responsible for the care of the elderly persons being abused.” Cases involving elderly persons being abused and abusers briefly known to each other in social circumstances or living in the same residential care home for the elderly, should not be classified as elder abuse cases.

- 2.7 Please put the completed data input form into a **sealed** envelope marked “restricted” and send it by the 15th day of each month to the “Central Information System on Elder Abuse Cases”, Elderly Branch, Social Welfare Department, Room 835, Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong

3. Enquiries

For enquiries, please call the office of the Central Information System on Elder Abuse Cases at 2892 5586.

Flow Chart for the “Central Information System on Elder Abuse Cases”



Appendix III to Chapter 11

“Central Information System on Elder Abuse Cases” Data Input Form

Restricted

(All items must be completed)

File ref.:

To be filled in by the “Central Information System on Elder Abuse Cases”

Part A: Information of the elder abuse incident

1. Type(s) of abuse (May choose multiple answers):	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Psychological abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Financial abuse
	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Others (Please specify): _____	
2. Date on which the case being classified as elder abuse by the reporting agency: (It may be earlier than the date in item 7, Part D)	_____ (Month / year)			
3. Factor(s) leading to abuse / risk of abuse: (May choose multiple answers)	<input type="checkbox"/> Pressure from providing care	<input type="checkbox"/> Family / marital problem	<input type="checkbox"/> Mental health / personality problem of the abuser	
	<input type="checkbox"/> Lack of support	<input type="checkbox"/> The elderly person resisted the care of the carers	<input type="checkbox"/> Living / housing problem	
	<input type="checkbox"/> Financial dispute	<input type="checkbox"/> Others (Please specify): _____	<input type="checkbox"/> Unknown	

Part B: Information of the elderly person being abused

1. Identity Document:	i) Hong Kong Identity Card no. : _____ ()				
	ii) Apart from Hong Kong Identity Card, other identity document no.: _____				
	<input type="checkbox"/> Holder of Two-way Exit Permit <input type="checkbox"/> Others (Please specify): _____				
2. Age _____	3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				
4. Has the elderly person been diagnosed as mentally incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
5. Is the elderly person under the protection of a guardianship order?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
6. Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Co-habiting	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated / divorced
7. Education level	<input type="checkbox"/> No formal education	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> University / tertiary	<input type="checkbox"/> Unknown / unwilling to disclose
8. Years of residence in Hong Kong:	<input type="checkbox"/> Since birth	<input type="checkbox"/> 7 years or above	<input type="checkbox"/> Less than 7 years	<input type="checkbox"/> Unknown / unwilling to disclose	
9. Main source of income:	<input type="checkbox"/> Work	<input type="checkbox"/> Savings / pension	<input type="checkbox"/> Comprehensive Social Security Assistance		<input type="checkbox"/> Supported by children / relatives
	<input type="checkbox"/> Supported by spouse	<input type="checkbox"/> Others (Please specify): _____			<input type="checkbox"/> Unknown / unwilling to disclose
10. Living situation:	<input type="checkbox"/> Living alone	<input type="checkbox"/> Living with spouse only	<input type="checkbox"/> Living with children / grandchildren only	<input type="checkbox"/> Living with other relatives	Living with multiple family members / relatives (e.g. spouse, children / grandchildren, other relatives)
	<input type="checkbox"/> Living in a residential care home for the elderly (RCHE) ^{Note 1}			<input type="checkbox"/> Living with others (Please specify): _____	
11. Housing type:	<input type="checkbox"/> Public rental housing		<input type="checkbox"/> Home Ownership Scheme / Tenant Purchase Scheme		<input type="checkbox"/> Private housing
	<input type="checkbox"/> Stone / wooden hut		<input type="checkbox"/> Subvented RCHE ^{Note 1}		<input type="checkbox"/> Private RCHE ^{Note 1}
	<input type="checkbox"/> Rental room / bed space / cockloft		<input type="checkbox"/> Others (Please specify): _____		
12. Residential district at the time of the incident (According to the boundaries of District Councils)	<input type="checkbox"/> Central and Western	<input type="checkbox"/> Islands	<input type="checkbox"/> Wan Chai	<input type="checkbox"/> Eastern	<input type="checkbox"/> Southern
	<input type="checkbox"/> Sham Shui Po	<input type="checkbox"/> Wong Tai Sin	<input type="checkbox"/> Kwun Tong	<input type="checkbox"/> Sai Kung	<input type="checkbox"/> Sha Tin
	<input type="checkbox"/> Yau Tsim Mong	<input type="checkbox"/> Kowloon City	<input type="checkbox"/> Tai Po	<input type="checkbox"/> North	
	<input type="checkbox"/> Yuen Long	<input type="checkbox"/> Tsuen Wan	<input type="checkbox"/> Kwai Tsing	<input type="checkbox"/> Tuen Mun	

13. Has the incident been reported to the Police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ^{Note 2} , reason:	<input type="checkbox"/> The elderly person being abused was unwilling <input type="checkbox"/> The elderly person being abused considered no need <input type="checkbox"/> The elderly person being abused passed away <input type="checkbox"/> Others (Please specify): _____
14. Has Multi-disciplinary Case Conference been convened?	<input type="checkbox"/> Yes, date of meeting: _____		<input type="checkbox"/> No
15. The reporting agency's assessment on the elderly person's service needs (May choose multiple answers)	The elderly person has the need	The elderly person is willing to receive services (Including services which are not immediately available but the elderly person is willing to apply)	
a. Centre-based community support service (e.g. District Elderly Community Centre, Neighbourhood Elderly Centre)	<input type="checkbox"/>	<input type="checkbox"/>	
b. Day Care Centre for the Elderly	<input type="checkbox"/>	<input type="checkbox"/>	
c. Home-based community support service (e.g. Home Help Service, Integrated Home Care Services)	<input type="checkbox"/>	<input type="checkbox"/>	
d. Medical service	<input type="checkbox"/>	<input type="checkbox"/>	
e. Residential care service	<input type="checkbox"/>	<input type="checkbox"/>	
f. Counselling (Individual / group)	<input type="checkbox"/>	<input type="checkbox"/>	
g. Clinical psychological service	<input type="checkbox"/>	<input type="checkbox"/>	
h. Housing arrangement	<input type="checkbox"/>	<input type="checkbox"/>	
i. Guardianship order	<input type="checkbox"/>	<input type="checkbox"/>	
j. Legal advice / aid	<input type="checkbox"/>	<input type="checkbox"/>	
k. Police assistance	<input type="checkbox"/>	<input type="checkbox"/>	
l. Financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	
m. Others (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	

Part C: Information of the abuser (Please use separate data input form(s) if more than one abuser is involved)

1. Age: _____	2. Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
3. Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Co-habiting
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated / divorced	<input type="checkbox"/> Unknown / unwilling to disclose
4. Education level:	<input type="checkbox"/> No formal education	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
	<input type="checkbox"/> University / tertiary	<input type="checkbox"/> Unknown / unwilling to disclose	
5. Years of residence in Hong Kong:	<input type="checkbox"/> Since birth	<input type="checkbox"/> 7 years or above	<input type="checkbox"/> Less than 7 years (Please specify: _____ years)
	<input type="checkbox"/> Unknown / unwilling to disclose		
6. Occupation:	<input type="checkbox"/> Business / factory / company owner	<input type="checkbox"/> Professional / executive / management	<input type="checkbox"/> Service / technical work (e.g. waiter, driver, hairstylist, etc.)
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Others (Please specify): _____
	<input type="checkbox"/> Salesperson / shop or stall owner / hawker	<input type="checkbox"/> Manufacturing (e.g. factory / construction worker)	<input type="checkbox"/> Clerk / secretary
	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unknown / unwilling to disclose
7. The abuser's relationship with the elderly person being abused^{Note 3}:	<input type="checkbox"/> Son	<input type="checkbox"/> Spouse / intimate partner ^{Note 6}	<input type="checkbox"/> Not relative but living together
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandchildren	<input type="checkbox"/> Staff of the agency providing services for the elderly person (e.g. RCHE ^{Note 1} , elderly centre, Integrated Home Care Services, hospital, etc.)
	<input type="checkbox"/> Son-in-law	<input type="checkbox"/> Relative	<input type="checkbox"/> Domestic helper
	<input type="checkbox"/> Daughter-in-law	<input type="checkbox"/> Friend / neighbour	<input type="checkbox"/> Others (Please specify): _____
8. Is the abuser the main carer of the elderly person being abused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
9. Is the abuser living with the elderly person being abused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
10. Does the abuser have the following conditions: (May choose multiple answers):	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Drug addiction	<input type="checkbox"/> Over-borrowing
	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Emotional problem	<input type="checkbox"/> Mental health problem / suspected mental health problem
	<input type="checkbox"/> Unknown / unwilling to disclose	<input type="checkbox"/> Others (Please specify): _____	<input type="checkbox"/> Indulgence in gambling
			<input type="checkbox"/> Pressure from providing care

Part D: Information of the reporting agency

1. Reporting agency: <input type="checkbox"/> Social Welfare Department <input type="checkbox"/> Non-governmental Organisation <input type="checkbox"/> Hospital Authority <input type="checkbox"/> Department of Health <input type="checkbox"/> Hong Kong Police Force <input type="checkbox"/> Housing Department <input type="checkbox"/> Housing Society <input type="checkbox"/> Others (Please specify): _____	
2. Name of reporting agency: _____	3. Reporting unit: _____
<i>If the reporting unit is Hong Kong Police Force, please provide the reporting number: ^{Note 4} _____</i>	
4. Please state the type of service if it is a social service unit: <input type="checkbox"/> Integrated Family Service Centre / <input type="checkbox"/> Integrated Services Centre / <input type="checkbox"/> Family and Child Protective Services Unit <input type="checkbox"/> Medical Social Services Unit <input type="checkbox"/> District Elderly Community Centre <input type="checkbox"/> Neighbourhood Elderly Centre <input type="checkbox"/> Day Care Centre for the Elderly <input type="checkbox"/> RCHE <input type="checkbox"/> Others (Please specify): _____ <input type="checkbox"/> Enhanced Home and Community Care Services / <input type="checkbox"/> Integrated Home Care Services / <input type="checkbox"/> Home Help Service	
5. Please state if the case has been referred to social service unit(s) for follow-up, if it is <u>NOT</u> a social service unit: <input type="checkbox"/> Yes <input type="checkbox"/> No ^{Note 5} , reason: <input type="checkbox"/> The case has been followed-up by social service unit(s) <input type="checkbox"/> The reporting person assessed that the elderly person being abused had no service need <input type="checkbox"/> The elderly person being abused was unwilling <input type="checkbox"/> The elderly person being abused passed away <input type="checkbox"/> Others (Please specify): _____	
6. Office address: _____ _____ _____	
7. Name of reporting person: _____ Post: _____ Telephone no.: _____ Signature: _____ Date: _____	8. Name of head / supervisor: _____ Post: _____ Telephone no.: _____ Signature: _____ Date: _____

Notes:

1. If the elder abuse case occurs in RCHE (including Subvented Home, Contract Home, Private Home and Self-financing Home), the reporting person should report the case to the Licensing Office of Residential Care Homes for the Elderly of the Social Welfare Department.
2. Please explain to the elderly person being abused about the importance of reporting the case to the Police, upon consideration of individual case condition.
3. The definition of “elder abuse cases” is confined to “those cases involving elderly persons being abused and abusers being known to each other or involving abusers who are responsible for the care of the elderly person being abused.” Cases involving elderly persons being abused and abusers briefly known to each other in social circumstances or living in the same RCHE should not be classified as elder abuse cases.
4. For completion by the Hong Kong Police Force only
5. Please explain to the elderly person being abused about the importance of referral to social services, upon consideration of the individual case condition.
6. If the elder abuse case involves sexual abuse or violence of intimate partner, please complete a data input form of the “Central Information System on Spouse/ Cohabitant Battering Cases and Sexual Violence Cases” separately.